

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 27 STATE FILE NUMBER -63-014616

**FILED APR 15 1963**

1. PLACE OF DEATH a. COUNTY <u>Stoddard Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Puxico, Mo #2</u>		c. CITY OR TOWN <u>Puxico, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>#2</u>	

3. NAME OF DECEASED (Type or print) <u>Bertha Louise Green</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-1889</u>	9. AGE (last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Elberfeld Indiana U.S.A.</u>		
11. BIRTHPLACE (City and state or country) <u>Elberfeld Indiana U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Louis Ahrens</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Roettger</u>		
14. NAME OF HUSBAND OR WIFE <u>Logan Green</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <u>Logan Green Puxico Mo</u>			17. INFORMANT <u>Logan Green</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u> DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> DUE TO (c) <u>?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Hemorrhage 4-11-61</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>p.m.</u> Month <u>4</u> Day <u>11</u> Year <u>61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Puxico, Mo</u>	COUNTY <u>Stoddard</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>1955</u> to <u>4-3-63</u> and last saw her alive on <u>3/30/63</u> Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>H. Shreeves DO</u>	22b. ADDRESS <u>Puxico, Mo</u>	22c. DATE SIGNED <u>4-5-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>
24. FUNERAL DIRECTOR <u>Watkins &amp; Sons Funeral Home</u>		25. DATE REC'D BY LOCAL REG. <u>4/8/63</u>
26. REGISTRAR'S SIGNATURE <u>Thomas V. Penha</u>		26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 17 1963

Permit Issued  
4/16/63  
J.S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul M. [Signature]

Licensed Embalmer No. 4964

P. O. Address Repton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.